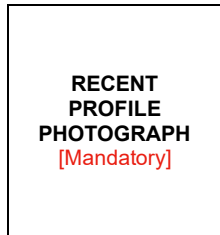


APPLICATION FOR IIAS TRAINER

This form may take you about 20 minutes to complete.
You will need the following information to complete the form:

- Applicant personal particulars
- Educational qualifications and training experience



PERSONAL INFORMATION

FULL NAME AS IN NRIC / PASSPORT: _____
(Underline Surname)

CONTACT NUMBER: _____ EMAIL: _____

PROFESSIONAL QUALIFICATIONS

IIA CERTIFICATIONS

(Please delete accordingly)

Certified Internal Auditor (CIA) YES | NO

Certification in Risk Management Assurance (CRMA) YES | NO

(List them in order, beginning with the most recent.)

QUALIFICATION	INSTITUTION/COUNTRY	FROM	TO

ACADEMIC QUALIFICATIONS

(List them in order, beginning with the most recent.)

QUALIFICATION	INSTITUTION/COUNTRY	FROM	TO

TRAINING EXPERIENCE

(List them in order, beginning with the most recent.)

PERIOD (MM-YY)	ORGANISATION	AREAS / TOPICS OF TRAINING
FROM: TO:		
FROM: TO:		
FROM: TO:		
FROM: TO:		

EMPLOYMENT HISTORY

(List them in order, beginning with the most recent.)

PERIOD (MM-YY)	ORGANISATION	POSTION HELD	JOB SCOPE
FROM: TO:			
FROM: TO:			
FROM: TO:			
FROM: TO:			

I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate, and complete to the best of my knowledge. I authorise investigation of all statements contained in this record if I am considered for employment. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which the organization discovers the violation of its policy regarding application form dishonesty.

DATE _____ **SIGNATURE** _____